

## Foster Family Home - Corrective Action Report

Provider ID: 1-150009

Home Name: Victor Laforze Jr., CNA

98-550 Kaamilo Street

Aiea HI 96701

Review ID: 1-150009-8

Reviewer: Jackie Chamberlain

Begin Date: 2/18/2020

### Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 No RN delegation present for [REDACTED] ordered PRN for client # 1 since 12/2019

### Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Have daily visiting hours were limited. Per "My choice my way" Required to have 24 / 7 visiting hours

### Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.c.5 Medication discrepancy for client #1 - 1 medication prescription label did not match medication administration record. Missing [REDACTED] ordered since 12/2019

Jackie Chamberlain  
Compliance Manager

Victor Laforze Jr.  
Primary Care Giver

2/18/2020  
Date

2/18/2020  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH NAME: 888 FOSTER CARE HOME (Victor Laforteza Jr.)  
CCFFH Address: 98-550 Kaamilo St., Aiea, HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43(c)3	RN case management completed and filed the delegation for PRN [REDACTED] for client #1 and discuss with the caregiver and signed.	2/18/20	Home noted a reminder on scheduler to make sure all medication has delegation after order is made.
53(b)15	I have changed visiting hours rules immediately into 24/7 daily on all my contract and house rules. I have contacted the family to notified visiting hours is open 24/7 daily.	02/18/20	Home noted on the chart to changed new rules as soon as notified.
54(c)5	Home used [REDACTED] left by family has been discarded.	02/18/20	Home will dispose of or send home with power of attorney/family any medication not currently ordered for client on admission.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: Victor M. Laforteza Jr.

Date of Signature: 2/26/2020